

Registration for the 2007 Mental Health Residential Treatment Cost Report Training

The deadline to register for training is November 8, 2006. Those attending should be the person(s) responsible for completing the Mental Health Residential Treatment Cost Report. We ask that no more than two persons from any one reporting entity register to attend. Seating is limited. Your seat is not guaranteed unless confirmed by DMA.

Please submit completed registration forms to deidra.oates@ncmail.net or fax to 919-715-2209.

If your agency does not have internet access to download the cost report from the DMA website, please indicate by checking the box below:

☐ I require a diskette with the *Excel* version of the cost report

Training Sessions are held at the below sites.

EASTERN REGION:

☐ **Martin Community College 1161 Kehukee Park Road Williamston, NC 27892**

DATE: MONDAY, NOVEMBER 13, 2006

TIME: 9:00AM to 12:00PM

TAX ID#	MEDICAID PROVIDER #(S)
CORPORATE NAME	PROVIDER NAME(S)
PARTICIPANT #1 Name	PARTICIPANT #2 Name
Telephone #	Telephone #
Email Address	Email Address
Fax Number	Fax Number

CAPITAL REGION:

NCDOT Training Center 313 Chapanoke Road, Garner, NC 27603

☐ **DATE: THURSDAY, NOVEMBER 16, 2006**

TIME: 9:00AM to 12:00PM

☐ **DATE: THURSDAY, NOVEMBER 16, 2006**

TIME: 1:00PM to 4:00PM

☐ **DATE: FRIDAY, NOVEMBER 17, 2006**

TIME: 9:00AM to 12:00PM

☐ **DATE: FRIDAY, NOVEMBER 17, 2006**

TIME: 1:00PM to 4:00PM

TAX ID#	MEDICAID PROVIDER #(S)
CORPORATE NAME	PROVIDER NAME(S)
PARTICIPANT #1 Name	PARTICIPANT #2 Name
Telephone #	Telephone #
Email Address	Email Address
Fax Number	Fax Number

Registration for the 2007 Mental Health Residential Treatment Cost Report Training**CENTRAL REGION:**

☐ The Guilford Center 201 N. Eugene Street, Greensboro, NC 27401

DATE: TUESDAY, NOVEMBER 28, 2006

TIME: 9:00AM to 12:00PM

TAX ID#	MEDICAID PROVIDER #(S)
CORPORATE NAME	PROVIDER NAME(S)
PARTICIPANT #1 Name	PARTICIPANT #2 Name
Telephone #	Telephone #
Email Address	Email Address
Fax Number	Fax Number

WESTERN REGION:

☐ Catawba Valley Comm College 2550 Highway 70 SE, Hickory, NC 28655-4504

DATE: THURSDAY, NOVEMBER 30, 2006

TIME: 9:00AM to 12:00PM

TAX ID#	MEDICAID PROVIDER #(S)
CORPORATE NAME	PROVIDER NAME(S)
PARTICIPANT #1 Name	PARTICIPANT #2 Name
Telephone #	Telephone #
Email Address	Email Address
Fax Number	Fax Number